ON THE EDGE PROMOTIONS

P.O. Box 1388 Placentia, CA 92871

COSTOWER INFORMATION				
Company Name:	y Name: Card Holder:			
Address on Card:				
City:		State:	Zip:	
Phone: ()	2 nd Phone: ()	Cell Phone: ()
Amount of Charge: S	\$ Apply Payment	То:		
Email: dawn.foster1@gmail.com fax: 949-257-4861				
CREDIT CARD INFORMATION				
Card Type:	WERICAN DOPAGES	your c	V-Code:	nter V-Code. On the back of will see the card number. The
Card Number:				
Exp. Date:	Authorized Signature:		Signed	Date:
IMPORTANT: By signing this credit card payment you authorize On The Edge Promotions. Inc. to charge the above				

IMPORTANT: By signing this credit card payment you authorize On The Edge Promotions, Inc. to charge the above noted amounts. The balance for each show is due thirty (30) days prior to the starting show date. If payment is not received, your credit card will automatically be charged the balance. All payments are non-refundable. If exhibitor cancels within thirty (30) days of the event, the entire contract amount shall be due and payable to On The Edge Promotions, Inc. within ten (10) days of invoice.